WHO-FIC Education and Implementation Committee

Washington DC, USA

19-21 March 2012

1. Welcome and Introductions

Participants were welcomed by Co-chairs Sue Walker and Cassia Buchalla. The meeting was held in the offices of the Pan-American Health Organization, Washington, DC.

Participants: Catherine Sykes, Carol Lewis, Cille Kennedy, Erin Nichols, Holly Lambert, Joon H. Hong, Lars Berg, Marci MacDonald, Maliwan Yuenyongsuwan, Maria Teresa Cravo Guimarães, Margaret Skurka, Marjorie S. Greenberg, Olafr Steinum, Patricia Nilda Soliz, Robert Jakob, Sam Notzon, Sara Cottler, Solvejg Bang, Tyringa A. Crawford, Wansa Paoin. Bedirhan Ustun participated briefly during the meeting.

2. Review of the Agenda

The agenda was revised and the discussion on the ICD and SNOMED Information Sheet was moved to Tuesday afternoon. It was noted that all documents for the meeting were sent by e-mail and posted at the WHO Workspace. Access to the WHO-FIC Share Point was reviewed, and members who had difficulty received instructions from Sara Cottler on how to proceed with accessing the site.

The February 6, 2012 Conference Call Minutes were distributed by e-mail. They were reviewed and approved. Moved by Marjorie Greenberg and seconded by Cille Kennedy

Since this most recent Conference Call, the agenda has been structured to follow the items on the Strategic Work Plan in order to have the Plan updated at each meeting, and kept current.

3. Strategic Work Plan

Cassia Buchalla reviewed the Strategic Work Plan and pointed out the changes suggested by WHO. The challenge in determining work hours and financial resources associated with each task was acknowledged as were difficulties in filling in some of the columns of the document.

***Action**: SWP to be updated and approved at the end of the meeting.*

3.1 SWP Task 1 Appropriate electronic tools

3.1.1 ICD implementation Database

WHO wants the ICD and ICF implementation databases to be the number one and two priority tasks respectively for the EIC so the Update on ICD Web-based Training Tool will now become SWP task 3.

Marjorie reviewed this task, including a brief recap of her paper presented in Cape Town. She recommends summary tables from the data in the database be prepared and posted. Robert could most easily accomplish this and it could be based on his Cape Town poster. The present data is not necessarily user friendly. There is an interest in knowing who is using ICD-10 and which countries have implemented it for morbidity and for mortality, and when it was implemented. Data should be updated more frequently. Reporting is significantly incomplete, and should be updated regularly by the countries.

There are therefore 2 separate issues:

1. Can we get some basic summary tables, including countries and the ICD versions they are using?
2. How can we facilitate and promote updating of the information by asking countries to take ownership and responsibility for their information?

For any country or region that has a collaborating centre, the CC can help. Japan for example, can work with the Asia/Pacific Network. PAHO will work with PAHO countries and so on.

Marjorie will identify tables that are ready to publish and will bring forward a proposal. The forward plan should include a reach out to the Collaborating Centres to update their information. The regional sites should have access to the WHO Sharepoint. The group needs an individual to take on the Implementation Database issue and Marjorie will help them. There were no volunteers.

In the SWP, the column on Financial Resources for this task has been left blank on the spreadsheet, as we have no funds for it.

Action: *Marjorie and Cassia to elaborate a proposal for updated information.*

3.1.2 Regional approach

A CD ROM with EIC products was sent to all CC, Regional Offices and to IFHIMA regional directors. This material was sent with a letter, explaining the project and the material available and a short survey asking about the utility of the materials. Marjorie reported on the responses to the survey at the Cape Town meeting. Another reach out will occur in 2012, probably before the meeting in Brasilia, as many EIC products are now posted on the EIC web site. It would be nice also to be able to announce that the ICF Introductory Training Tool is posted on the WHO-FIC website.

The Asia Pacific Network embraced the issue of regional support and is providing leadership for their region. PAHO is also committed to this work. There is an effort being started with NCHS staff in North Carolina to conduct a training program for mortality coding for English-speaking countries in the Caribbean Region, tentatively in June 2012, for 2 weeks. This effort is being supported by PAHO. Tyringa spoke further of the partnership with PAHO. Pre-classroom work will be recommended, using either the US training materials or the introductory modules from the WHO training tool. Sue suggested seeking evaluation of the WHO tool, such as the usefulness of the WHO Training Tool when it is completed in advance of classroom learning. Bedirhan suggested a person assigned by the EIC do an onsite evaluation and a qualitative comparison of participants who have used the two different pre-classroom materials. Sam suggested Patricia Wood as she would have perspective on both training tools and could act as a participant/observer/resource. Marjorie requested a paper to be presented on this work by Tyringa for the Brasilia meeting, and Margaret suggested making this into a presentation for the IFHIMA Congress in Montreal in 2013.

Margaret and Marjorie would be grateful for additional individuals to help with the outreach program because they both are from same region. There is a need to review information on the Training and Certification program, and the needs of people who responded to the survey could be done at a regional level.

Actions: *prepare the Training Course for the English Caribbean countries*
evaluate the use of WHO ICD-10 training tool and report back to the EIC
prepare papers for the IFHIMA Congress and the WHO FIC Annual Meeting

3.2 SWP Task 2 Appropriate electronic tools: ICF implementation Database

Sue Walker provided a report on behalf of Huib ten Napel of the Netherlands. In summary, there is now an interface to submit and extract disability data, developed by the Dutch Centre in conjunction with WHO. It is

planned that the functionality being developed for the ICF database will also be able to support the collection of ICD information in the future.

The name of the module is "ICF Module of the WHO-FIC Implementation Database", and it was thought that this name was too cumbersome. A query was raised as to what standard of meta-data will be used, and if this is a bilateral project between the Netherlands and WHO, how will all countries be able to provide input and how will the EIC be able to participate? Also, will the final product be free and available to all? Robert Jakob stated that it will be freely available, at least in English as per WHO policy. He went on to extend appreciation to the Dutch for taking this on, and stated that the result can only be positive for us all. Members of the EIC are keen to support the project and, in fact, have previously provided comments and input.

Catherine expressed disappointment at the lack of ICF representation at the EIC meeting, commenting that is not cost effective for people with ICF expertise to travel for face to face meetings when the lack of representation means that there is little input on the items pertaining to the ICF on the agenda. Other forms of meeting should possibly be explored. (It was noted that EIC holds several teleconferences per year.) She suggested that tools already completed and agreed by EIC should be readily available on the WHO website, noting that it would be difficult for new comers to the ICF to locate tools through the current links. She suggested Facebook as a medium to communicate to a broader audience, outside the WHO-FIC network. A review of all of the ICF education requirements and current activities to ensure that the workplan is current should be undertaken.

It was noted that the current EIC information sheets are on the EIC page of the NACC website and there is a link to the EIC page from the WHO-FIC website, however the contact person is still recorded as Marjorie and not one of the current co-Chairs. Robert will ensure that links from external sites to and from the WHO-FIC are operational (EIC website, WHO website and WHO-FIC website).

The EIC will write to FDRG co-chairs to request FDRG input to the projects to develop ICF Info and ICF information database.

Sue Walker and Robert Jakob agreed to set up a Facebook page for the EIC.

3.3 SWP Task 3 ICD Web-based Training Tool

Robert gave a presentation on the ICD-10 web-based training tool. Until now the tool has been accessed over 40,000 times, although it is not possible to know how many people have completed the training. Cassia reported that the translation to Portuguese is ongoing and that Huib is working on a Flemish translation. Translations are also underway in Georgian, Albanian, Croatian, Russian, French and Spanish.

It was suggested that adding a section on "Best Practices for Data Collection, Analysis and Presentation" to the training tool would be useful. It was also noted that there is a special interest in global maternal death information, and that this should be included as well. Also, it might be useful to have region-specific examples within the tool, to assist users. It is important to think about how to introduce and educate users in ICD-11, which is coming soon. The committee will have a role in helping WHO to prepare for the field testing. Robert reminded all of the need to support, promote and disseminate information, provide examples and contribute to ICD-11.

The Training Tool Reference Group is available for online support for users of the web based training tool but few questions have been submitted. It was suggested that there be a link to the Training Tool Reference Group on the IFHIMA Website. It was also suggested that it would be useful to send an e-mail to all people who have registered for the support group (approximately 70 individuals), to ensure they all know how to access the Training Tool Reference Group Google site, and perhaps also ask them to provide feedback and evaluation on the usefulness of the training.

There was general discussion as to the dynamics of utilizing Facebook to send information out and encourage communication and participation. An Education and Implementation Committee Facebook page, with linkages to the on-line training tool, was suggested and Sue will investigate this possibility further.

It was mentioned that the on-line training is preliminary, and in no way comparable to face-to-face training. However, it was also highlighted that many places around the world do not have the opportunity for in-person education. The on-line tool is basically a "how to use the ICD tool" – how to find codes – not a tutorial on how to code using the coding rules. It can be a useful preamble to face-to-face training. All agreed that in-person training is preferable, but at least on-line gives some tools to areas with no resources at all.

A question was raised as to whether there is a disclaimer or any protection that states someone cannot access the information within the web-based tool, and sell it or use it for commercial gain. Robert stated there is, and it is stated within the tool – that this is illegal and not permitted, but did concede that this is difficult to control or prevent.

Actions: *WHO will send a notice to all member countries, informing them that the on-line tool is available.*
IFHIMA will also send notification to its membership.
Members to submit suggestions to improve the ICD training tool.
Sue and Robert to evaluate the possibility of a Facebook page for the training tool users or EIC or both.

3.4 SWP Task 4 Update on ICF e-learning tool

ICF Translations of the ICF e-learning tool introductory module are currently underway . The notes regarding the tool, discussed during the last conference call (February 6th) were reviewed. Lars Berg stated there is interest in having ICF translated for use in Finland, and wanted to know the rules about this. It was reported that WHO would own the translated version, and WHO will have the responsibility to ensure information on ICF updates is provided to allow the translators to update the tool as necessary. Robert further explained that though WHO owns the translated version, the country would be responsible for dissemination, and that a contract is drawn up between WHO and the country. Thereafter, country specific modifications can be made. He also informed Lars that the Nordic Centre is most welcome to have this available on their website, and that broad dissemination is encouraged.

The group discussed how to progress the web tool, now that the introductory module is complete. There are two additional modules ("advanced" and "clinical") that currently appear as "Under Construction" on the website. All agreed there is a lot of work left to be done, in order to get these written, operational and put into use. Some developmental work has been done, but not reviewed by FDRG or EIC. Examples do exist, but need to be expanded and must be reviewed by ICF experts (FDRG) as well as the EIC. It was suggested that it might be useful to gather existing examples that are currently used for teaching purposes.

The EIC noted with regret that the ICF training-learning tool still has not yet been posted on the WHO-FIC website.

Actions: *Anyone with access to existing ICF training materials or translations to contact Alarcos (Alarcos.Cieza@med.uni-muenchen.de) and Melissa (melissa.selb@paranet.ch) in the first instance.*
WHO to post the ICF e-Learning tool in the WHO-FIC website.

3.5 SWP Task 5 International Training and Certification Program- Mortality Coders Exam and Morbidity Coders exam.

3.5.1 Mortality Exam

Regarding the Mortality Coders Exam, new questions have been prepared. Cassia explained that there was a lot of work done in gathering additional mortality queries, to be utilized for the examination. MRG members are partnering in this project and they were asked to send questions to be included in the exam. After aggregating all of them, they were sent to the MRG members to be answered. Out of 86 possible questions, 27 cannot be included in the exam as the MRG could not agree on standard answers, 19 can be used for the exam and in the remaining,

40 there is slight disagreement with the rules. These will be reconfirmed with the MRG because they may be appropriate for the exam.

Discussion overall on the mortality exam questions brought forth the agreement to try to increase the question databank even more, initially by further reviewing the "40 with slight disagreement" questions. Tyringa Crawford from the Canters for Disease Control and Prevention/National Center for Health Statistics, USA, stated they would like to have NCHS mortality coders and trainers who haven't already taken the exam do so, but after the additional questions have been added.

In the following week, the MRG will meet, and these results will be presented to the group. They will be asked to review the 40. Therefore, there are now 119 questions in the exam databank.

Bolivia and Ecuador are considering offering the exam in the future and discussions are currently underway. An expression of interest was also received from Saudi Arabia.

A number of questions were raised, including what to do about individuals who successfully took the examination in 2007? Do we do a re-certification of these persons? Do they re-take the examination? Should we leave re-certification or having people re-sit exams for now, and focus on re-certification when ICD-11 is implemented? Do we try to get some more questions? Margaret, Sue and Cassia will work on answers to these questions.

Actions: *To discuss the possibility of reviewing the 40 potential questions with MRG and to seek a group of volunteers to work on these questions.*

3.5.2 Morbidity Exam

Joon Hong presented the Morbidity Coding Exam update. She reviewed countries that took the exam - Korea, Japan, Jamaica, Sri Lanka and Sweden – and noted the lessons learned. She pointed out issues such as the variations in ICD-10 versions, the resources to manage the exam, etc. She also discussed options for the EIC to determine the future of this project. The first option noted was to drop the idea of creating an international exam for morbidity coders; the second was to use results from the ICD-10 experience to improve ICD-11 by identifying areas of difficulty and a final option is to consider other methods for delivering the exam.

Joon presented the results of a satisfaction questionnaire given to Koreans who wrote the ICD-10 exam, with the following results: 97.6% responded that it was a good experience; 88.1% stated they found it beneficial; 92.9% felt it enhanced their coding ability. Respondents also stated they would like it offered twice/year.

Joon then displayed hospital-specific statistics based on four Korean University Hospitals, to show that those undergoing the exam process had produced end-result coding of a greater specificity. She also highlighted the need for better clinical documentation in support of coding.

The group had an important discussion about defining the purpose of the exam. Is it for Certification purposes or is it for assessment of coding skills?

Another important aspect is related to maintenance of the confidentiality and integrity of the exam questions.

It was suggested that the existing questions and the queries resulting from the pilot could be used for testing the ICD-11.

Carol Lewis and Joon Hong recommended the following way forward:

1. Continue to collect questions for future exams.
2. Credentialing and certification are premature at this juncture, and it is hard to find resources in certain countries to administer and maintain a databank of questions and the resources to run exams.
3. Write a paper for publication – especially in the IFHIMA Global News.

Volunteers to assist with the above are Olafr Steinum (Sweden), Marci MacDonald (Canada), Carol Lewis, USA and Joon Hong, Korea.

Actions:

do not abandon, but rather enrich the exam
use existing questions to support ICD-11 field trials
write an article for publication about the exam development process and experiences
have the exam continue to be available for individuals to assess their own abilities, but not tied to any certification
continue the promotion of the exam
Carol and Joon to provide a presentation on the work at the IFHIMA 2013 Congress in Montreal, Canada, May 2013.

3.6 SWP Task 6 Information Sheets

Marjorie Greenberg led the discussion on the revision of the Information Sheets. There are seven Information Sheets approved so far to be updated periodically, as agreed. The Information Sheets have had wide distribution at the IFHIMA Congress and via other outreach initiatives in the last year. A questionnaire regarding the utility of the Information sheets was distributed last year and the general feedback was that the sheets are useful, are being distributed at appropriate events and are being translated in some countries. All were approved as of October 2010 and it was planned that they be reviewed for necessary updates every 2 years.

Marci reported on review of 2 information sheets:

- *Uses of Coded Clinical Data*—no changes suggested
- *What you should know about Clinical Documentation in Acute Care hospitals*---small changes to include mention of ICD-11 and the schedule for its approval by the World Health Assembly in 2015.

The others sheets have been reviewed prior to the meeting and the following changes were recommended:

- *Civil Registration and Vital Statistics*: new date needed and new language from the United Nations Commission on Accountability regarding civil registration. Marjorie will make the necessary wording changes.
- *Mortality (Cause of Death) Data* —Stephanie had reviewed this sheet and found minor typographical errors.
- *International Classification of Functioning, Disability and Health ICF*—One change mentioned by Marjorie is regarding the inclusion of where information about ICF is on the web site.
- *International Statistical Classification of Diseases and Related Health Problems, 10th Revision ICD-10*- Still appropriate but needs addition of a reference to the 11th revision, and a reference to the MbRG
- *Training and Certification to Promote High-Quality Data*- Margaret Skurka pointed out the need for a major revision to this sheet now that the JC no longer exists and that certification is not formally happening. This sheet may be better written as an EIC information sheet with details about the WHO-FIC relationship with IFHIMA. This would be an information sheet on our top priorities; Sue, Marjorie, Margaret and Cassia will work on a total revision with a focus on the EIC.

All Information Sheets will receive a final review at the September teleconference before the face to face meeting in Brasilia, and will be presented there for final adoption.

At the 2011 midyear meeting it was suggested to have an Information Sheet on Automated Coding systems. Sue reported that she invited people from the ICE on Automation to work on this but no one volunteered to write the first draft. Sam was asked to try to find someone to do a first draft at the upcoming ICE meeting.

The EIC is open to the creation of additional information sheets. ICD-11 was discussed but it was felt that this is a work in progress so it is premature to have a sheet on it yet.

The Japan Hospital Association indicated they are considering translating the Information Sheets for their web site. Patricia also intends to do a translation to Spanish and to post all IS at the PAHO website. A suggestion was made to both to wait until the updating is done to start the translation.

- *International Classification of Diseases (ICD) and Standard Clinical Reference Terminologies: A 21st Century Informatics Solution*

Rita and Kathy presented their revised information sheet, thanking all for their suggestions since the last meeting. A few wording changes on Page 1 were accepted. Page 2 presents a simple table comparing ICD to SNOMED, recognizing that one is a coding classification system, and one is a terminology system. There is work being done at WHO currently, looking to map the two systems. It was suggested to specifically mention that ICD-10 is available at no charge, and SNOMED, in some cases, may be available for a fee.

It was suggested some work should be done to ensure the comparisons on Page 2 are clear. Robert will assist, and work with Rita and Kathy to ensure this Information Sheet is ready for final approval at the next in-person meeting in Brazil.

Action: *edit and include suggestions in the IS ready for approval at the 2012 Annual meeting.*

3.7 SWP Task 7 Briefing Kit

The Briefing Kit was created with the purpose to bring together various WHO-FIC documents to help newly designated Collaborating Centres understand the work of the Network. All documents are posted at the WHO workspace. The EIC's Regional Outreach program helped reach the goal of having Briefing Kit information widely available. There is a need to use a consistent format and to make a periodic revision of the content of the kit.

A short profile of each Collaborating Centre is included and these are currently being updated by the Centre Heads, in particular the newly designated Centres. Updated information has also been requested from the NGO's in official relations with WHO (including IFHIMA and the WCPT which partner with the EIC and those that work with other committees).

The updated documents should be included in the Briefing kit by the Brasilia meeting. Concern was raised about all postings being on the WHO-FIC SharePoint site as not all have access. EIC chairs will decide the best place to post information and criteria for electing which documents are placed where. Rita and Marjorie will work on the updates and Lars indicated he will be pleased to sign the welcome letter as co-Chair of the Council.

Action: *update the documents, post some on the EIC website and all at the WHO workspace.*

3.8 SWP Task 8 Papers and Posters on Best Training Practices

All documents in EIC meetings are shared via Share Point. It was discussed that all papers and posters regarding "best practices" presented at the annual meeting as well as the mid-year meeting, should be made available at the EIC website and at the WHO workspace, as this is an excellent way to disseminate work done by all the committee members.

3.8.1 Fiji and Kuwait – A Study in Contrasts

Sue Walker gave this presentation on her recent work in two vastly different countries. The Fiji Islands is comprised of 322 islands and 522 islets, and is located in the Pacific east of Australia. She explained the healthcare system, which is quite well organized, with multiple stand alone information systems and some still manual operations. There are no trained HIM professionals in the Fiji Islands. They do have coders who are trained by the

facilities they work for. Some have undertaken training via the Health Information Management Association of Australia. Sue consulted with Fiji via an agreement between her university, WHO, and the Fiji Ministry of Health. She worked on developing a Health Information Policy and Strategic Plan.

Kuwait is a wealthy oil producing country, producing 10% of the world's oil supply. They have a "cradle to grave" welfare system, with no taxes, free education, healthcare and housing.

Sue went to talk to the Directorate of HIM and Medical Records, to discuss their practices and to make suggestions for improvement. Kuwait has good accessibility to healthcare, but information systems are somewhat uncoordinated. A lot of healthcare services are readily available. They have an excellent Vital Statistics Registry, with almost 100% compliance.

They are coding using ICD-10 in public hospitals. Primary healthcare centres are 100% computerized, and data is submitted to the Health IT Directorate. The oil companies run some of the hospitals, and do not submit data to the MoH. Records are all in English, but there is not consistency on what ICD-10 version is being used. The MoH is not using data to make decisions, and there is no coordinated effort for access. A lot of data collection and reporting is done manually.

Kuwait does want to set up a new Centre for Health Information, with their new WHO-FIC collaborating centre. They want to have health information collections in one central place, and data made accessible to decision makers.

Margaret and Joon stated that they are looking to establish an IFHIMA linkage to Kuwait, and Sue will send contact information to them both, post-meeting.

Sue was thanked for an excellent and informative presentation.

3.8.2 Training and support in the PAHO region

Patricia Soliz Sanchez of PAHO provided a presentation on Best Training Practices. She explained the establishment of National Centres for WHO-FIC training, and reported that there are members from every Latin American Centre. The primary focus is on mortality data, with plans to expand. Mortality is coded using ICD-10. Plans are to expand to morbidity coding, and to introduce ICF.

Patricia explained the support and training given to instructors, and reported on the participation of Bolivia, Paraguay, Peru and Ecuador on the first training held in Quito, Ecuador in 2011.

She is now involved in organizing a second program in Central America, in collaboration with the Mexican Health Authorities through the Mexican Collaborating Centre. Nicaragua has been selected as the host centre, and there are hopes to have participants from Guatemala, El Salvador and Honduras. This will be supported by PAHO.

PAHO also will support the mortality training in English-speaking Caribbean, as previously mentioned.

She also reported on the Latin America and Caribbean Network, whose first meeting was held in Mexico City in May 2011. The purpose of establishing these networks regionally is to focus on:

- similar goals
- coordinate activities
- work on complementary projects
- gain better results and better benefits for all
- opportunity to increase collaboration
- share technological knowledge and expertise
- share common experiences

The Regional Training Plan is comprised of assessment of:

- current status and training needs
- inventory of strategies for training and human resources available
- design and implementation of a training plan with a focus on priority countries.

This newly created network will be meeting in Cuba on March 29th. The North American Collaborating Centre and countries from the English-speaking Caribbean will be included in the meeting. During this meeting the participants will review the above information gathered from involved countries. In addition, they will be discussing migration to ICD-11, coding data quality, inter-rater reliability, and translation of coding tools into other required languages. The plan is also to adopt formal Terms of Reference and a Work Plan. The plan will focus on ICD-10 and ICF, ensuring they are translated and updated, and available to all.

The network plans to have four National Collaborating Centres in addition to the 4 WHO Collaborating Centres in the region.

Patricia also noted that there currently exists a Latin American and Caribbean Network on ICF, and this group had a meeting in Buenos Aires, Argentina at the National Service of Rehabilitation in 2010 and will meet again in Brazil in 2013. There are also efforts underway to develop ICF instructions in Cuba and Mexico, to expand educational opportunities.

Patricia also noted that language, financial resources and political structure all present challenges in these regions.

Patricia was thanked for her comprehensive presentation, with excellent feedback from the committee. In was noted by the IFHIMA members, that other than Jamaica, there are no well established South American HIM Associations. Recent efforts have been initiated with Barbados and Trinidad and Tobago, to organize national HIM organizations in these countries. With the establishment of National Collaborating Centres, it is hoped there will be opportunities for HIM connectivity.

3.9 Task 9 ICD-11 Revision

This task was included following a request from Robert Jakob in between the Conference Call in February and the midyear meeting. All EIC members acknowledged the importance of being involved with ICD-11 activities and agreed that including one and half days for this subject on the agenda for this meeting is appropriate. Further information about the discussions is included in the agenda items below and in the annexes.

4. ICD-11 Revision and the role of the EIC

Robert Jakob presented an overview of the current status of ICD-11, future Plans, Beta testing, and the previously circulated draft of the Reference Manual (Volume 2).

What's new with this ICD-11 Revision? It is an internet based, digital curation, there is enhanced discussion and peer review underway, there will be electronic and paper based versions available, it will be available in multiple languages. Content model – all ICD entities will have definitions. There will be a comprehensive explanation of the layout of ICD-11. Stability testing is currently underway to assess the degree of matching of the ICD-10 and ICD-11 at core code level.

Robert then explained the process used in the Alpha phase, to be extended to the Beta phase and the field trials. He explained the Revision Steering Group and TAG roles in establishment of codes and classifications. He reviewed the plans for the Beta testing, and the standardization of reviews by experts.

Issues

- Try to ensure ICD-10 and ICD-11 alignment wherever possible.
- Ensure updates done in ICD-10 are appropriate for ICD-11, and identify if and where they are not.

- Structures and processes for updating of ICD-10 and ICD-11 will coalesce in 2015. ICD-10 2013 will be the last formal edition of the old classification.
- Identify key items of ICD-11 to bring into existing ICD-10
- Papers regarding the transition of maintenance from ICD-10 to ICD-11 will be presented in Brasilia.
- As stated in Las Vegas, in meeting held last week, attempts are also underway to ensure ICF is maintained as a separate classification for multiple uses.
- there is a concerted effort to try and minimize the "clinical modification" of ICD-11, by taking into consideration ICD-10 modifications already made by some countries. Despite this, there is realization that the opportunity for country modifications will continue to exist.

A draft of the ICD-11 Volume 2 was distributed prior to the meeting to be reviewed by this committee. It was stressed that this is a Draft document, and as such, is not for circulation or distribution. EIC participants were divided into 3 groups and discussed different sections of the volume. The results are presented in the annexes to these minutes. Specific issues that were considered were:

- Is there a need for a summary version of the reference manual and if so, what goes into the summary and what into the full version?
- Is what is in the current version clear? If not, what would make the material clearer?
- Is anything missing?
- Is there anything in the current volume 2 that is not needed in the ICD-11 reference manual?
- Who is the expected audience for the reference manual and does it meet their needs?

5. ICD-11 field testing

The EIC discussed the plans for field testing which will take place beginning in May 2012. WHO will produce protocols and standards for the field testing to ensure comparable results. Different forms of testing are planned:

- Standard classification and content reviews by experts
- Bridge coding studies
- Inter-rater reliability studies – these should include both assignment of a code to a diagnosis and assigning codes to a record or death certificate using coding rules and conventions.

Rita indicated that AHIMA had some materials relating to the field testing of ICD-10-CM and the conversion from ICD-9-CM that might be beneficial to WHO.

Action: *Anyone with field trial information should forward this to Robert.*

Issues discussed and questions raised included:

- The beta version will be in English although a French version of the tabular list may also be available and a Spanish version is being discussed with relevant CCs and with PAHO
- An index will be needed
- A mapping between ICD-10 and ICD-11 will be needed for bridge coding studies
- Is it expected to test automated as well as manual coding systems?
- How will a technical solution be managed – if countries are required to code as they usually do in order to test ICD-11, they will need to have computer systems that will be able to accept the new codes. Coding in a 'live' environment, whilst a good idea, is not practical
- Need to stratify testing to ensure as many different users, use cases, settings as possible are included
- Need for standard and accessible educational materials for people involved in field trials – e.g., training video, internet based training – in different languages.

The EIC again broke into small groups for further discussions about the field testing and the involvement of the EIC. Notes from the groups are in the annexes to these minutes.

6. Synthesis of small group discussions

Robert provided a summary of the ICD-11 discussions, noting the need for educational materials for Ministries of Health, clinicians and coders. Role-based materials relevant to each group will be needed, as well as some form of support group or place users can go to ask questions if they have difficulties.

FAQs may be helpful, and these should include:

- Rationale for ICD-11 development
- Why implementation of ICD-11 is important
- How ICD-11 has been developed and how it is and will be maintained
- Conceptual and structural differences between ICD-10 and ICD-11
- What is in the foundation component

7. SWP update

Cassia summarised the updates to the EIC SWP made as a result of discussions at this meeting. An updated copy will be circulated to all members. The participation of WHO representatives at this meeting was specifically mentioned as having been very beneficial. The EIC co-Chairs will write to the Council and the WHO thanking them for Robert and Sara's participation and asking for updated advice as to the ICF web based training tool and ICF-Info, both of which are outstanding actions. They also will reiterate the need for summary tables to accompany the ICD-10 Implementation Database.

As a result of earlier discussions, Robert and Sue have established an EIC Facebook group and members of the EIC are encouraged to both participate in the group and to share information about it with their colleagues. The Facebook site is at https://www.facebook.com/#!/groups/350099288373999/

Sue, Cassia and Robert are the group administrators.

8. Meeting close

Sue and Cassia thanked everyone for their active participation in the mid year meeting, wished everyone a safe trip home and closed the meeting at 4:15pm.

ANNEXURES:

A. NOTES FROM THE WORK GROUPS ON THE ICD-11 VOLUME 2

Group 1- ICD-11 Volume 2

The group contained a good mix of both English and non-native English speakers. The group recognized that the volume 2 document would need very careful review, but this initial assessment would be a start.

ICD and classification

1.1. Multipurpose use and applicability of ICD

- Agreed that even though not coding rules, this is still an important section;
- Start with positive – point out what it is rather than what it's not
- Not just diseases, also health problems – make reference consistent between 1st and 3rd paragraph
- Another suggestion for 3rd paragraph – expand the reference to diagnoses in morbidity: Later, its scope was extended to include diagnoses and health problems for morbidity registration and reporting.
- Don't use word "translate" to mean anything other than language translation – seems to oversimplify the complexity of classification; Comment: the word "translate" is problematic for non English speaking languages (refer to the linguistic term too much)
- Problem with statement "There are also some constraints on the use of the ICD for studies of financial aspects, such as billing or resource allocation." Either it should be deleted or expanded upon later in the section on uses. It doesn't belong here.
- Third paragraph should describe uses at a high level, consistent with the title "Multipurpose use", perhaps can use wording from info sheet

1.2 Classification and terminology

- Align with Family of International Classifications paper on WHO-FIC website (http://www.who.int/classifications/en/FamilyDocument2007.pdf)
- Be clear about use of language (nomenclature, terminology, vocabulary)
- Spell out IHTSDO the first time it's mentioned so that readers will know what it stands for

1.3 History

- High level summary of appendix – agree that a smaller summary of history appendix is good to have here
- Add section 1.4 on Updating (high level summary of Section 8); address issues of stability versus currency; also want to emphasize that there has to be a good reason for an upate – do not want to disturb the statistics; use the previous knowledge to better classify the condition but best not to change dramatically in the middle of a revision; can go into more detail in Section 8 but overview of need and principles needed here

Context

1.2. The family of international classifications

- This should be aligned with Family paper and page 94
- Question about 1979 and whether it shouldn't be 1989
- General point to provide acronym (e.g., WHO-FIC) the first time something is mentioned
- Where is Figure 1
- Linkage and integration of members of the family in ICD-11, especially the reference classifications (ICF)

2.2 Reference classifications, etc.

- Need to use standard language on reference, derived and related classifications

- Second paragraph – type in "WHO has been exploring to the possibility…."
- Also second paragraph – identify the In't Classification of Procedures in Medicine **(ICPM)** with abbreviation first time it is mentioned (as done in 2.2.5)
- Are specialty –based classifications (2.2.4) different from derived classifications?

2.2.3 Special tabulation lists?
- Why called "special" tabulation lists?
- Are they really recommended lists
- Possibly expand this section
- Will there be additional recommended lists for mortality and morbidity?

2.2.4 Specialty-based adaptations
- Do we refer to this any more?
- 2nd paragraph – the list of terms already mentioned in the derived classification section – do they really belong in both places?

2.2.5 Procedures in medicine
- ICPM was published in **one** volume
- No mention of ICHI here; this needs to be corrected
- Lars Power Point has additional info that can be incorporated regarding the tabulation lists for surgical procedures

2.2.6 ICF
- This needs to be aligned with ICF Overview
- Cille has some recommended edits and additions

2.3 Important to note that the letters are small to differentiate from mortality

2.4 Health Information systems
- This brief language comes from the WHO website.
- This section should be expanded somewhat, with the focus on the important fact that classifications are implemented in health information systems.
- Not sure why the "(sample)" is in parentheses
- Start with this and then describe when the ICD is used
- Information sheets (e.g., Civil Registration and Vital Statistics) should be used in expansion
- Also consult other sources (World Bank, Queensland University, etc.)

Content

3.1 Structure
- Expand and clarify
- Glossary of terms will be very helpful here

3.2 Content model
- This section is very important as a new feature in ICD-11
- The section needs revision to make it clearer to the "uninitiated"
- Should start with purpose on page 14 ("The purpose of the content model is to present the knowledge that lies under the definition of an ICD entity". Then define terms.
- There currently are two lists for the Content Model parameters (page 13 and Page 14); this needs to be fixed and clarified (i.e., that the full set of parameters is not completed for every entity)

3.2.2. Technical Specifications for the Content Model
- This also is very important (defining the Foundation component and the Linearization component)
- This section also needs revision to make it clearer and more accessible

- Looking forward to having the images included, such as Figure 1 referenced in Section 2.1 and now diagram here

Section 4 Mortality

It was felt this section was best left up to the MRG to review and revise accordingly

Some comments during the discussion by Lars Berg

1.1 Multipurpose use and applicability of ICD

1st paragraph

- A classification of diseases can be defined as a system of categories to which morbid entities are assigned according to established criteria. The purpose of the ICD is to permit the systematic recording analysis, interpretation and comparison of mortality and morbidity data collected in different countries or areas and at different times. The ICD is used to translate diagnoses of diseases and other health problems from words into an alphanumeric code, which permits easy storage, retrieval and analysis of the data.
- Comment: the word ”translate” is problematic for non English speaking languages (refer to the linguistic term to much)
- Item 6, 7

3rd paragraph (first part)

- The ICD can be used to classify diseases and other health problems recorded on many types of health and vital records. Its original use was to classify causes of mortality as recorded at the registration of death. Later, its scope was extended to include diagnoses in morbidity. It is important to note that, although the ICD is primarily designed for the classification of diseases and injuries with a formal diagnosis, not every problem or reason for coming into contact with health services can be categorized in this way.
- Comment: more than ”diagnoses”, perhaps:
  Later, its scope was extended to include diagnoses and health problems for morbidity registration and reporting.

1.2 Classification and terminology

4th paragraph

- Through the ongoing collaboration between WHO and the IHTSDO, both systems are strengthened by joint efforts to improve the process of encoding clinical and administrative data and support evidence based care.
- Comment: to be added:
  (International Health Terminology Standards Development Organization)

2.1 The family of international classifications

- Since the 1979ies the concept of a "family" of health classifications has been described. Over the recent years through the use of the ICD and development of related WHO health classifications the concept of a "family" was further developed.
- Align this paragraph
  with next slide, content from 12.1.9.1
- 12.1.9.1 The WHO Family of International Classifications
- Although the ICD is suitable for many different applications, it does not serve all the needs of its various users. It does not provide sufficient detail for some specialties and sometimes information on different attributes of health conditions may be needed. ICD also is not useful to describe functioning and disability as aspects of health, and does not include a full array of health interventions or reasons for encounter.
- Foundations laid by the International Conference on ICD-10 in 1989 provided the basis for the development of a "family" of health classifications. This was given added momentum during the 1990s by the development of the International Classification of Functioning, Disability and Health (ICF) (27), approved by the World Health Assembly in 2001.
- In 2001, the WHO Family of International Classifications (WHO-FIC) was created. At the core of the Family are its reference classifications, currently the ICD and the ICF; the International Classification of Health Interventions (ICHI), now under development, is the third reference classification. WHO-FIC also includes derived classifications, which provide additional detail to core classifications or are rearrangements or aggregations of terms in core classifications; WHO has licensed several countries to develop national modifications of ICD as derived classifications. As well, WHO-FIC includes related classifications to cover health functions, which are not (or are only partially) covered by other WHO-FIC members.
- WHO-FIC is supported by a network of Collaborating Centres, based on the former Collaborating Centres for the ICD and the ICF, but continuously expanded by the addition of new centres, and with support by NGO in official relations with WHO.

2.2.5 Procedures in medicine

- At their meeting in 1989, the Heads of the Collaborating Centres agreed that the list could serve as a guide for the national publication of statistics on surgical procedures and could also facilitate intercountry comparisons. The list could also be used as a basis for the development of comparable national classifications of surgical procedures.
- Work on the list will continue, but any publication will follow the issue of ICD-10. In the meantime, other approaches to this subject are being explored. Some of these have common characteristics, such as a fixed field for specific items (organ, technique, approach, etc.), the possibility of being automatically updated, and the flexibility of being used for more than one purpose.
- Comment: see next slide
  Björn Smedby worked with these lists, there is an overview at the NOMESCO website with links. There are olso lists for morbidity and mortality, used by OECD, NOMESCO etc included at next slide.
- From NOMESCO
  http://nomesco-eng.nom-nos.dk/default.asp?side=221

Background tables

- Larger background tables are available below in Excel format. In order to avoid problems using the tables we suggest that you download the tables prior to opening them. Available are also the shortlists used when compiling the background tables and three files containing definitions related to *Health Statistics in the Nordic Countries* (in English and Danish).

Suggest the Reference Manual start with a high level overview of the fundamental basic concepts, and explains methodology:

- What are reference tables?
- Why are they needed?
- Show examples that explain complexity of coding
- Reinforce need to follow rules and explain why

This high level summarization will be followed by the detailed information required for Coders and Educators.

NB: Clarify what the 1 – 6 Reference Tables are used for and when they are introduced.

Section 5

Section 5.1.1. (1) is confusing and should be further explained.

Create and insert a "Glossary of Terms" with the Reference Manual.

We suggest each country identify challenging words – within the document – and ensure these are included within the glossary (assist with any translation confusion).

Also note, the Table of Contents does not match the actual contents.
Ie. In Table of Contents 5.1.1 = Causes of Death
In the actual document, 5.1.1 = Reference Tables

Section 5.1.2 = ? something missing? We think so.

Overall – Section 5 needs to be reviewed for structure, content (as example 5.2.3 on page 43 discusses asterisk and dagger coding, which we thought was rescinded in I-11).

WHO should publish a document which clearly states what is different in terms of I-10 compared to I-11. What is obsolete? A document to assist users in the transition. What's different? What's the same? Discuss methodological changes. Maybe include this in Volume 2 – but clearly indicated and clearly marked – within the index.

Section 6

Suggest run each of these high levels (Primary Care, Clinical Care and Research) by experts working within each of these disciplines, to see if they have anything they would like to add.

Section 7

Looks like a dump from I-10, and this needs to be reviewed with an eye specific to I-11. For example exclusion terms, how are exclusions going to work within I-11?

Section 8

Currently under construction. Suggest include information here with the process and frequency for updates. Include here – the process to follow when you want to change or update something, (where do you go? How is this done?)

Section 9

Rules by which countries submit data to WHO, as well as national members, may extract statistics, and what formulae to apply. Should clarify is there additional new statistical data that can be extracted utilizing I-11, that could not have been available in I-10? This should be clearly indicated for easy access by the user.

General Statements from Overall Review

We felt that there are parts within sections 5 – 9 that are unclear, and do need to be re-written/enhanced.

Given that I-11 is attempting to incorporate country modifications, the guidelines should be considered as well – when this process is undertaken and reviewed to determine whether or not they should be included in Volume 2.

Please note that Kathy made comments on her electronic copy of Volume 2, and will email it to Sue and Robert.

Group 3 Volume 2

The view was expressed that comprehensive and summary versions are needed.

The current numbering of the sections in the table of contents does not agree with the text.

Section 10 – Data quality

- Needs an introductory paragraph directed to coders, analysts and users all of whom need to understand the structure of ICD
- 10.1.1 – Proportion of deaths classified to ill-defined causes. This assumes that all deaths due to ill-defined causes will be found in Chapter XVIII. If this is not the case, e.g., cardiac arrest, then this paragraph needs to be reworded.
- 10.1.6 - Recommendations
    - Suggest calling it Summary rather than Recommendations
    - Suggest a change in the sequence of the paragraphs so that Use of the ICD and Confidentiality of medical information come first
    - All “See sections XXXX” assume a hyperlink but a brief summary is also needed for those using the print version,

Section 11 Implementation

- 11.1 Implementation – Delete and issue as a separate document
- 11.2 Intellectual Property, Distribution, Translation, Terms of Use – Recommend including this as Appendix 2
- 11.3 Aspects of Ethics and confidentiality – The importance of this topic warrants a separate section to precede the section on Data quality.

Section 9

NOTE: The following comments refer to Section 9 (section 10 in the table of contents)

- 9.2 Source of data – should include a paragraph addressing sources of morbidity data.
- 9.9.1 Description – The paragraph dealing with dagger and asterisk categories should be deleted.
- 9.12.1 Statement of causes of perinatal death – The word “perinatal” needs to be added.
- 9.14.1 Definitions – The paragraph on death occurring during pregnancy, childbirth and puerperium (pregnancy-related death in ICD-10), if retained, should be moved so that it follows the statements regarding maternal deaths.
- 9.14.4.1 Ratios and rates – This point needs to be completed.

Group 1 - Comments on Field Trials

- Good to have a formal structure; knowledge base of contact people for each country through whom questions could be funneled to a larger international group and perhaps even as high up as WHO to get needed guidance / info
- Each protocol may need its own expert / set of experts
- Need some method of organizing participants – perhaps registration? – so that duplicating efforts can be avoided (want to avoid having same people participate in separate trials – unfair advantage in exposure to process)
- Need written protocol and training on how to approach test uniformly by all participants around the world; perhaps an instructional "how-to" video would be most efficient way to promote consistency among field test participants
- all members of Group 1 felt it mandatory to have translation of Volume 2 and for Brazil, would need all 3 Volumes translated in order to do field testing; field test is actually an assessment of both the translation itself as well as the coding comparison
- very important to consider the role the Collaborating Center will play in the testing – plans need to be made and the sooner the better

Group 2 - Comments on field trials

- Structured report format must be required – two versions – one web-based and one print based suitable for optical character recognition. Both Mortality and Morbidity coding must be tested using separate study groups.
- recommend a controlled study (gold standard) with supplied scenarios for review and code assignment. Rationale: This provides an opportunity for inter-rater reliability given a specific data set measured against the standard. Qualifications and demographic information is required to participate in this study to stratify the results.
- The other type of field testing recommended is a usability study where participants replicate their own workflow environment and use case(s). Pilots of both approaches should be conducted before full launch of the project.
- Both processes should be stratified studies with different role types, coding professionals, physicians, policy makers, government officials statisticians and even people not proficient in coding (new coders) – should be included.
- All types of settings should be included in the stratification. Primary care, researchers, hospital personnel, government agencies and statisticians.
- English, Spanish and French speaking countries for field testing is a biased approach with English first – followed by other languages. Once this testing is available then the results are shared to inform further testing by non-English speaking countries.
- Feedback loops will be established for all participants back to the EIC – not just about the field-testing experience but concrete suggestions for the suitability and improvement in the classification. This information also will be shared at the same time with the WHO Collaborating Centres.
- Post report analysis occurs by convening the TAGs who then determine changes required based on the field testing and then shared with all field-testing participants
- There is a designated time period established for both studies to be completed.

Educational Approaches

- Use the training and approach using (training packages) so that all testing candidates have the same materials both for the controlled study and the environmental/ use case testing
- Develop an ICD-11 web-based training tool using the same format
- Leverage our current examinations from the certificate programs to provide the data set for field testing

Technology Factors

- How much work is required for the field testers and how much technology assistance is available for data analysis once the data is available?
- Recommend if possible use of web-based software (including cloud computing) with paper forms suitable for electronic consumption. It is possible to leverage the IHTSDO –WHO-FIC relationship for using the workbench (open source) or to collaborate with a technology company to provide both platforms for field testing and data analytics services for statistics and final reporting.
- A help desk with contact information available for questions or instruction must be provided for field testers for best outcomes of these studies.

Bridging Process Factors

- All new categories added to ICD-11 should be included in the testing process
- Equivalence and/or Mapping tables would be useful to access for field testing participants – is it possible to have bi-directional general equivalence maps available?
- Formats must be provided in both electronic media and traditional print but designed to enable automated analysis

Group Three - Comments on field test

Field testing requirements Need to define the role of the collaborating centres.

1. Need something that sets the scene for the revision and testing
2. Requirements
    - 2.1. WHO
        - 2.1.1. Protocol – Including criteria, sample size, region, language , level of care, mortality, morbidity
        - 2.1.2. Manual and electronic versions of
            - 2.1.2.1. Three volumes of ICD - or how many are necessary for different usecases
            - 2.1.2.2. Instructions for the above (how to use Vols. 1, 2, 3)
            - 2.1.2.3. Standardized reporting document
            - 2.1.2.4. Basic table of differences between ICD-10 and ICD-11
            - 2.1.2.5. For bridge coding standard version of ICD-10
    - 2.2. Test setting – Stress that the testing is an additional task and existing data requirements will still need to be met. Therefore, three will be a need for
        - 2.2.1. Financial resources
        - 2.2.2. Human resources – An informed person to conduct the test
3. Face-to-face meeting of educators to learn the process and prepare materials
4. A check list to describe the test process and the individual responsible for conducting it as well brief general comments and analysis of the results
5. Feedback from WHO on comments

Summary from Robert

- ICD-11 Implementation Materials
- What materials are needed for supporting implementation of ICD-11?
  - Material for ministries
  - Material for clinicians
  - Material for coders
- Role-based Materials would be helpful for specific audiences
- Where and how can users get additional help?
  - ICD-11 Implementation Materials
- Frequently Asked Questions about ICD-11
  - Why are we revising ICD-11?
    - Rationale
    - Reasons for implementation
  - How is the ICD-11 being developed?
  - What are the differences between ICD-10 and ICD-11?
    - Main conceptual differences
    - How is the structure different?
  - What is the foundation component?
  - What are linearizations?
  - What is SNOMED-CT and why is it used with ICD-11?
  - ICD-11 Implementation Materials
- Frequently Asked Questions about ICD-11
  - What is the impact of change on various users, and what kind of additional resources will be required?
    - How will data be affected?
    - What kinds of changes to health information systems will there be?
    - How can users get support to deal with changes to systems?
    - What are the clinical documentation requirements?
  - Are there education and implementation materials available?
  - How do users get a copy of the classification?
- Volume 2
- Alignment with other WHO-FIC Information Sheets & docs
- Table of contents and corresponding sections do not match
- Many areas need to be re-worded
- Should there be 1 and only 1 version of the Volume 2 or can we have user specific versions that are subsets of the big version?
- Missing Sections
  - Description of revision process
  - Why is the revision necessary?
  - Functioning and Disability
  - Glossary of important terms
  - National Modification synchronization
  - IHTSDO & SNOMED
  - Additional Procedure information
  - Differences between ICD-10 and ICD-11
- Volume 2
- Changes Required
  - Why are the tabulation lists called Special Tabulation Lists?
  - Explanation needed for why term has changed from Classification and Nomenclature to Terminology
  - Dagger/Asterisk section needs to be removed or clarified
  - Data: will there be an opportunity for new data to be extracted?
  - Revisions:

        - Process/Protocol of steps to follow if users want to make a change
    - Intellectual Property
    - Clarification of what reference tables are used for
    - Maternal Mortality section to be updated
    - Field Trials
- How can EIC help with the field trials?
    - Help develop educational materials
    - Volunteer to carry out field trials
- Is the purpose to identify the *same disease entity* or come up with the *same code*?
- Who will participate?
    - Coders
    - Physicians
    - Trained and Untrained coders
- Field Trials
- Pre-requisites
    - Standard data collection tool developed in advance
    - Mappings
    - Index and Volume 2 ready for field trials
    - Field Trials
- Will we field test on paper, electronic or a hybrid?
    - Will the results be the same? Potential differences due to index
- Will the full ICD-11 be field tested or can subsections be used?
- If pre-recorded data is used in bridge coding, will bias be introduced because of the inherent differences in ICD-10?